

03-12-04

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PTO/SB/21 (08-00)
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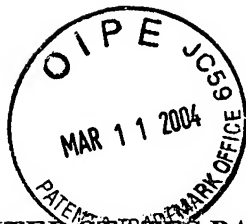
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| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | Application Number | 10/017,334 | |
| | Filing Date | 12/14/2001 | |
| | First Named Inventor | Dragan Dosen et al. | |
| | Group Art Unit | 3636 | |
| | Examiner Name | Anthony Barfield | |
| Total Number of Pages in This Submission | 9 | Attorney Docket No. | 41575-115 |

| ENCLOSURES (check all that apply) | | |
|---|---|--|
| <input type="checkbox"/> Charge Deposit Account -08-3460 <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> Affidavits/declarations(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Petition For Revival of an Application for Patent Abandoned Unintentionally Under 37 CFR 1.137(b)) | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Request To Rescind Previous Nonpublication Request <input type="checkbox"/> Response to Notice of Allowability <input checked="" type="checkbox"/> Other Enclosure(s): Postcard Receipt |
| Remarks: <input checked="" type="checkbox"/> | | Commissioner is hereby authorized to charge fees in this application and any fees which may be required, or any overpayment, to Deposit Account 08-3460. I have enclosed a duplicate copy of this sheet |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|---|-------------------------------------|
| Firm or Individual Name | Robert C. Haldiman, Reg. No. 45,437 |
| Signature | |
| Date | March 11, 2004 |

| CERTIFICATE OF EXPRESS MAILING | |
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| Typed or printed name | Deborah Lane-Christian |
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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| Application of: Dragan Dosen et al. | Group No.: 3636 |
| Serial No.: 10/017,334 | Atty. Docket No.: 41575-29338 (115) |
| Filed: 12/14/2001 | |
| For: <i>Arching Lumbar Support with Weight Distribution Surface</i> | Examiner: Barfield, Anthony |

MAIL STOP Non-Fee Amendment
Commissioner of Patents and Trademarks
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE

HONORABLE SIR:

Responsive to the official communication of February 20, 2004, Applicant submits the following Amendments and Remarks.

It is not believed that extensions of time are required beyond those, which may otherwise be provided for in documents accompanying this Amendment. However, in the event that additional extensions of time are necessary to prevent abandonment of this application, then such extensions of time are hereby petitioned for under 37 C.F.R. § 1.136(a), and any fees required therefore are hereby authorized to be charged to our Deposit Account 08-3460.

Please amend the above-identified application as set forth below.